

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

COMMUNITY ASSISTANCE DIVISION
51 MERCHANT STREET • HONOLULU, HAWAII 96813
PHONE: (808) 768-7076 • FAX: (808) 768-7057
www.honolulu.gov/dcs

RICK BLANGIARDI
MAYOR



ANTON C. KRUCKY
DIRECTOR

AEDWARD LOS BANOS
DEPUTY DIRECTOR

Please find the application and information about the City's **Rehabilitation Loan Program**.

Completely fill out all 3 pages of the application and be sure to sign and date pages 2 & 3.
Please also provide us with the supporting documentation listed below.

1. Federal Income Tax Return: **For each working or retired adult and dependent(s) working part-time** living in the house on the date of application, provide a signed copy of their most recent year's Federal Tax Return.
2. Income Verification: For each **working or retired adult and dependent(s) working part-time** living in the house on the date of application, please provide copies of the following, as applicable:
 - a) Pay stubs/statements covering the most recent 30-day period.
 - b) W-2 form used to file the most recent Federal Tax Return.
 - c) Statement of current year benefits from the Social Security Administration.
 - d) Retirement pension statement or award letter.
3. Credit Bureau Authorization Form (enclosed with application). All **applicants for the loan** must provide their printed name and sign and date the form.

The information you provide will help us make a preliminary determination on your personal eligibility. We will contact you later to discuss the application process in more detail and set up an appointment to inspect your property if you appear eligible. Credit report and other fees will be disclosed and collected from you at a later time in the application process. All fees are paid to third-party credit bureau and title/escrow companies.

Please contact the Rehabilitation Loan Branch at 808-768-7076 for further assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Alan S. Tamana".

ALAN S. TAMANAHA
Rehabilitation Loan Branch Chief

Enclosures:

1. Loan Program Information Sheet,
2. Loan Application Form,
3. Credit Bureau Authorization Form

**CITY REHABILITATION LOAN PROGRAM
FOR OWNER-OCCUPIED – RESIDENTIAL PROPERTIES**

1. **Q. WHAT IS THE REHABILITATION LOAN PROGRAM?**

A. The Rehabilitation Loan Program utilizes Federal funds available through the Community Development Block Grant (CDBG) program of the United States Department of Housing and Urban Development (HUD) to make low-interest loans to income-eligible, owner-occupant homeowners who are interested in repairing and improving their properties.

2. **Q. WHAT KINDS OF REPAIRS OR IMPROVEMENTS CAN BE MADE WITH THE LOAN?**

A. The loan is used to repair and correct deteriorated and hazardous conditions on the property including damage caused by termites or wood rot, leaky roofs and drain pipes, peeling paint, faulty electrical wiring and plumbing, etc. The installation of energy savings systems such as solar water heating and photovoltaic units are eligible, excluding units with batteries to store energy. The loan may also be used to accommodate the special needs of the disabled members of the household.

3. **Q. WHO IS ELIGIBLE TO APPLY FOR A LOAN?**

A. Owner-occupant homeowners whose total household income is within the income limit schedule listed below are generally eligible. The current maximum income limits for owner-occupant homeowners, by household size, are as follow:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
\$73,150	\$83,600	\$94,050	\$104,500	\$112,900	\$121,250	\$129,600	\$137,950

4. **Q. WHAT MUST A HOMEOWNER REPAIR AND CORRECT UNDER THE LOAN PROGRAM?**

A. All deficiencies identified by the City Rehabilitation Inspector must be repaired and corrected to ensure the property is safe and sanitary.

5. **Q. HOW MUCH MONEY CAN A HOMEOWNER BORROW?**

A. The loan amount for rehabilitation work on an owner-occupied property is up to \$300,000. Loan amounts exceeding \$300,000 will be considered on a case-by-case basis. The loan amount is based on the available equity on the property.

6. **Q. WHAT KIND OF INTEREST RATE WILL THE BORROWER BE PAYING?**

A. The interest rate is 0% for all income eligible applicants.

7. Q. **WHAT WILL BE THE LOAN PAYMENT TERMS?**
- A. The monthly payment is based on a minimum 15-year repayment term for loans of \$60,000 or less. For loans over \$60,000, the repayment term may be up to a maximum of 20 years. For certain credit qualifying borrowers, loan payments may be tailored to meet limited budgets. These qualifying borrowers will pay a reduced minimum monthly payment for the entire term of the loan.
8. Q. **WHAT ARE SOME OF THE REHABILITATION SERVICES AVAILABLE TO HOMEOWNERS?**
- A. A City Rehabilitation Inspector will conduct an inspection of the property. The Inspector will prepare a checklist that will identify eligible repair work. The owner will use this checklist to obtain a proposal from a General Contractor licensed in the State of Hawaii.
9. Q. **HOW ARE LOAN FUNDS DISBURSED?**
- A. Following loan settlement, funds are retained by the City and disbursed to the contractor after the work is completed to the satisfaction of the homeowner and the City's Rehabilitation Inspector. Loan funds are normally disbursed in four payments as the work is completed.
10. Q. **HOW IS THE LOAN SECURED?**
- A. Loans are secured by a promissory note and a mortgage on the property. In addition, there is a required owner occupancy term of 5-years.
11. Q. **WHERE CAN A HOMEOWNER OBTAIN MORE INFORMATION?**
- A. The City's Rehabilitation Loan Branch is located at 51 Merchant Street, 1st Floor, Honolulu, HI 96813 and the phone number is 768-7076. You can also visit our website at www.co.honolulu.gov/dcs/housing.htm to obtain more information and the loan application.

Appl. No. _____

Date Rec'd. _____

CITY AND COUNTY OF HONOLULU LOAN APPLICATION

Applicant (Head of Household) _____ Date of Birth _____ SS# _____

Co-Applicant (Spouse) _____ Date of Birth _____ SS# _____

Resident Address _____ Yrs. _____ Phone _____

Previous Address if less than 2 yrs. at above _____ Yrs. _____

Mailing Address if other than Resident Address _____ Yrs. _____

Names and Ages of All Dependents _____ Household Size _____

(See Supplemental Form to list **ALL** Permanent Household Members)**CURRENT EMPLOYMENT****APPLICANT****CO-APPLICANT**

Employer _____ Years _____ Employer _____ Years _____

Position Held _____ Years _____ Position Held _____ Years _____

Address _____ Address _____

Phone _____ Gross monthly income \$ _____ Phone _____ Gross monthly income \$ _____

If the current employment is for less than 2 years, complete the following:

Previous Employment

Years Employed

Last Position Held

Monthly Income

Applicant _____

Co-Applicant _____

OTHER GROSS MONTHLY INCOME - Attach Additional Sheet if necessary

Recipient

Source of Income

Address of Source

Gross Amount

_____ \$ _____

TOTAL \$ _____

DEPOSITORY ACCOUNTS (BANKS, SAVINGS & LOANS, CREDIT UNIONS, ETC.) - Attach Additional Sheet if necessary

Depository/Branch

Name on Acct.

Acct. No.

Acct. Type

Balance

LIST OF ALL REAL ESTATE OWNED - Attach Additional Sheet if necessary

Property Address

Present Value

Mortgage Balance

Monthly Payment

Name of Mortgage Loan Company

LIABILITIES - LIST ALL LOANS, CHARGE ACCOUNTS, TIME PAYMENT PLANS, ETC. EXCEPT PREVIOUSLY LISTED MORTGAGES - Attach Additional Sheet if necessary

Payable To	Address	Account Type	Account Number	Monthly Payment	Balance

Explain if you or any household members require special living accommodations:

Address of Property to be repaired if other than Residence: _____

Brief description of Repair Work: _____

INFORMATION FOR GOVERNMENT MONITORING ASSISTANCE:

The following information is requested by the Federal Government to monitor lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for particular type of loan applied for.)

APPLICANT

I do not wish to furnish this information. ☐

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Pacific Islander

☐ White

SEX: ☐ Male ☐ Female

CO-APPLICANT

I do not wish to furnish this information. ☐

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Pacific Islander

☐ White

SEX: ☐ Male ☐ Female

I (We), the undersigned, certify that all of the information provided in this application is true and correct to the best of my (our) knowledge and is submitted for the purpose of obtaining a City rehabilitation loan. I (We) authorize the City and County of Honolulu to verify all information contained herein and agree that this application and related verifications and statements shall remain the property of the City and County of Honolulu.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

APPLICANT'S NAME (HEAD OF HOUSEHOLD): _____

Supplemental Information Schedule

Please complete the following information on all dependent and non-dependent **Permanent** Members of your Household. If there are no non-dependent permanent household members residing with you, please write none on the line below:

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Annual Income</u>	<u>Source(s) of Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Household Members - Attach Additional Sheet if necessary.

As evidence of income, please submit a copy of the most recent tax returns for each individual listed above.

I (We) certify that the above information is true and correct to the best of my (our) knowledge.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE



THE INFORMATION NETWORK

www.ACRAnet.com

MORTGAGE REPORTING • EMPLOYMENT SCREENING

521 W. Maxwell Ave • Spokane, Wa • 99201-2417
Customer Service Direct: 509 324-1249 • 1 800 304-1249
Fax 509 324-1240 • 1 800 845-7435

"National Coverage with Local Service"

TENANT SCREENING • COMMERCIAL REPORTING

INFORMATION DISCLOSURE AUTHORIZATION AND RELEASE

The undersigned parties (hereinafter referred to as "Applicant(s)") hereby authorize ACRAnet, Inc a Nevada Corporation (hereinafter referred to as "ACRAnet") to obtain a credit report and other personal information (all documents hereinafter referred to as "Consumer Report") in connection with Applicant(s) application for a mortgage loan.

Applicant(s) signature(s) below further authorize(s):

- I. the mortgage company to release a copy of Applicant(s) credit application to ACRAnet;
- II. ACRAnet to obtain information regarding Applicant(s) employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit union accounts, etc.) ;
- III. ACRAnet to use a photocopy, facsimile or other true reproduction of this authorization, if necessary, to obtain any information required in the course of its activities in connection herewith, any such true copy of this Information Disclosure Authorization and Release being deemed an original; and
- IV. ACRAnet to furnish a copy of Applicant(s) Consumer Report to the mortgage company that requested this authorization.

Applicant(s) hold the mortgage company and ACRAnet harmless and indemnified in furnishing the copy of the Consumer Report in accordance herewith.

Applicant's Name (Please Print) Applicant's Signature Date

Applicant's Name (Please Print) Applicant's Signature Date

Applicant's Name (Please Print) Applicant's Signature Date

Applicant's Name (Please Print) Applicant's Signature Date

PRIVACY ACT NOTICE: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether Applicant(s) qualifies as a prospective borrower under the lender's and the agency's underwriting standards. The information will not be disclosed outside the lender and the federal agency without Applicant(s) consent except to the person or company verifying the information including, but not limited to, Applicant(s) employer, bank, lender and by any other credit reference as needed to verify other credit information and as permitted by law. Applicant(s) does not have to give ACRAnet this information, but if Applicant(s) does not, Applicant(s) mortgage loan application may be delayed or rejected. This information ACRAnet will obtain is authorized by the TITLE 38, U.S.C chapter 37 (if VA); and 12 U.S.C., Section 1701 et seq. (if HUD/FHA).